

POSITION	INITIALS	ID NO.	DATE
	<i>AS</i>		<i>07/12/10</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		<i>19</i>	<i>7/30/09</i>
FORMALITY REVIEW	<i>EA</i>	<i>6012</i>	<i>7/21/09</i>
RESPONSE FORMALITY REVIEW			

Best Available Copy

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	3/13/03	
2		7/14/03	
3		2/18/04	
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6	✓		
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If more than 150 claims or 10 actions  
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